

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	1						51		
2							52		
3							53		
4	1						54		
5		1					55		
6	1						56		
7		1					57		
8							58		
9							59		
10							60		
11	2						61		
12	2						62		
13	3						63		
14	2						64		
15	2						65		
16	2						66		
17	2						67		
18	3						68		
19							69		
20							70		
21							71		
22							72		
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24							74		
25							75		
26							76		
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28							78		
29							79		
30							80		
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32							82		
33							83		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	34	██████	██████	██████	██████		TOTAL CLAIMS	██████	██████